United States Liability Insurance Group

Off-Premises Supplemental Liquor Liability

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. a. Name of Applicant: _____

   b. Are Applicant's operations limited to this state? ❑ Yes ❑ No

   c. If No, list all states in which applicant operates: _____

2. Applicant is: ❑ Off-premises Caterer ❑ Bartending/Waiter Service

   ❑ Event Organizer/Coordinator ❑ Other (Explain)_____

3. a. Is applicant licensed to sell and provide alcohol off premises? ❑ Yes ❑ No

   b. If Yes, provide liquor license number: _____

   c. If Yes, provide annual gross off-premise alcohol receipts:_____

   d. What are annual off-premise food receipts?_____

4. Who supplies the alcohol? ❑ Applicant ❑ Applicants' Client Other (explain): _____

5. Is all alcohol served by applicant? ❑ Yes ❑ No If No, explain: _____

6. a. Number of jobs handled annually: _____

   b. Number of jobs entailing the sale of alcohol:_____

   c. Number of jobs entailing service of alcohol: _____

7. a. Types of jobs handled: ❑ Weddings ❑ Corporate Functions ❑ Private Parties ❑ Other, describe _____

   b. Types of private parties? _____

   c. Does the applicant ever cater for a youthful clientele? _____

8. Maximum number of guests at jobs: _____
9. What is the latest time alcohol is sold or served? _____
10. Are guests ever permitted to serve themselves? (If yes, not eligible.)
11. Signature of Applicant: _____